

## Special Video Report Transcript

Headline: Bridget Duffy of ExperiaHealth Discusses How Empowering Patients Can Help Improve Care

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Bridget Duffy, CEO of ExperiaHealth

"I define the patient experience as the single best way to improve outcomes in health care in America today, and that is by listening to what matters most to patients and integrating their voice into process-improvement efforts in health care."

The typical experience for a patient and their family in health care today is one that is very fragmented, disempowering, disconnected, dehumanizing. I think people have to fend on their own, advocate for themselves."

"The health care system of the future should be one that empowers patients and families to take responsibility for their health care, to have them be equal and valued partners. But in order to do that, they have to be given the tools to help navigate the system. And right now, the system and the technology gets in their way of actually being empowered to be an equal partner in their care."

"The single thing missing in health care today is the absence of a health navigator, or a guide. As the Wall Street Journal called it, a bureaucratic sherpa that helps people navigate the bureaucratic health care system. The government put in a health recovery guide for the Iraqi vets coming back from war to help guide them with traumatic brain injury. We do many things for concierge or VIP medicine, but I really believe you shouldn't have to be someone to have a guide or get navigation that helps you get access to the system, coordination when you're there and connectivity when you leave. So, many organizations have created the new role of a health navigator, and it connects with patients and families before they enter a clinic or a hospital; gives them the information tools they need to prepare for a procedure or for a test; gives them tools while they're in the hospital or the clinic to help coordinate their care; and, once they leave, the navigator helps provide information and tools that help prevent readmission into the clinic. So I think the creation of this new role in health care, the health navigator that is a human being and also utilizes technology to connect with people will help create a seamless versus a fragmented journey with patients."

"I think there are huge benefits to practitioners if we make patient experience a top priority in health care today. I think it does a couple of things. It helps return us to the core values and purpose for why we entered health care in the first place. I think our organizations are exhausted because we're chasing one thing each day that's broken."

We're chasing hand washing, quality, safety, process improvement. And if the overarching umbrella were patient experience, we would actually focus on what matters most to patients and families. And I think when we talk about experience, we should also define an optimal experience and environment for doctors and nurses. And I think health care administrators should be asking the question, 'What would it take to have doctors and nurses want to spend the rest of their career in this clinic or this organization?' And put in the three to five things that would enable them to deliver patient care in the way that they want to."

"There is a tremendous focus on cost reduction in health care today. In fact, I think it's the single thing you hear when you open any newspaper or listen to the radio. And I call it the 'leanification' of health care in America today. Every organization is hiring process engineers from other industries to come in and strip out waste and improve efficiency. And I actually get a visceral reaction to that, because I don't view what I do as a doctor as caring for a piece of technology. My patients aren't widgets; I'm not a mechanic. So to have engineers come in and apply tools from other industries is really demoralizing to me as a doc and to nurses. It's asking us to work harder, faster, with less. And it's dehumanizing. We need to map the gaps in inefficiency. But the thing we are not doing in health care today is mapping the gaps in the human experience and putting something back in as we're stripping out waste. So I believe that's what the future should look like and that's what will make the difference in improving health outcomes in America today."

"I think the patient experience differs in the safety-net organization because the population is just so much more complex. There are many factors that impact the health and well-being of patients and families in safety-net organizations that we're just not equipped to address. There are many things besides a disease and defective body part that impact people's ability to return to full health, and it's socioeconomic, family factors, community. And I think the infrastructure isn't prepared to deal with all the things that matter most to these patients and families and address those needs that get in the way of healing. And I think everyone -- doctors and nurses -- enter the field of safety-net organizations because they're mission-driven, values-based. They want to make a difference for an underserved population, but their infrastructure doesn't provide them the tools to do that as successfully as we could. I think you add on top of that the cultural and the language differences, it's just more complicated. And I really think the opportunity exists to create demonstration models in the safety-net organization that become a model for the nation on how to provide an optimal healing experience. And if we can do it here, we can do it anywhere."